

IN CASE OF MORE THAN ONE CHILD AT A BIRTH, A SEPARATE RETURN MUST BE MADE FOR EACH, AND THE NUMBER OF EACH IN ORDER OF BIRTH STATED.

236 ✓

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 470
Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 40 Grover Canons Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Pamona Poderiquez
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births.
4. Twin, triplet or other _____
5. No., in order of birth _____
6. Legitimate? yes
7. Date of birth Aug. 31 - 1929
Month Day Year

8. FATHER
Full name Andreas Poderiquez
9. Residence Miami
(Usual place of abode)
If non-resident, give place and state. Arizona
10. Color or race Mex
11. Age at last birthday 38 (Years)
12. Birthplace (city or place) Monterey
(State or country) Mex.
13. Occupation
Nature of industry Miner

14. MOTHER
Full maiden name Fermina Caldarria
15. Residence Miami
(Usual place of abode)
If non-resident, give place and state. Arizona
16. Color or race Mex.
17. Age at last birthday 23 (Years)
18. Birthplace (city or place) Leon
(State or country) Mex.
19. Occupation
Nature of industry Housewife

20. Number of children of this mother 4
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 4
(b) Born alive but now dead 0
(c) Stillborn 0
21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 10:30 A. M. on the date above stated.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Cyril M. Brown
Physician (Physician or midwife)

Given name added from a supplemental report _____ Address Miami, Arizona

Filed Sept 11, 1929 C. E. Doran
Registrar

999-831-631